

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset
City or town Chance
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Chance
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Chance
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

JOHN L. BIVENS

3. (b) Social Security Number

218-12-1286

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Edith Hull Bivens
6.(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) April 7, 1874
8. AGE: Years 74 Months 4 Days 7 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1948 at 5:00 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10th 1945 to Nov. 9 1948
and that I last saw him alive on Nov. 8th 1948

Immediate cause of death _____ DURATION _____
Cerebral Haemorrhage days 20th
Due to Hypertension
Due to _____
Other conditions Chronic Myocarditis 18 months
(Include pregnancy within 3 months of death)

9. Birthplace Chance-Somerset-Maryland
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business _____
12. Name Columbus Bivens
13. Birthplace Chance, Maryland
14. Maiden name Easter Dashiell
15. Birthplace Wicomico County, Maryland
16. Informant Mrs. Edith Bivens
Address Chance, Maryland
17. Burial Date thereof Nov. 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chance Cemetery
Location Chance, Maryland
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, pub'ic place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Elean G. Mausman M. D. or other _____
Address Princess Anne Md Date signed 11-12-48

19. Nov. 14 1948 Lola T. Wheatley
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 16 1948

RECEIVED V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Pricilla Collins

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Tossiet. Collins7. Birth date of deceased (mo., day, yr.) Mar 28-1870 6.(c) If alive, give age _____ years8. AGE: Years 78 Months 8 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Somerset County
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name Isaac Tighman13. Birthplace Somerset Co. Md14. Maiden name Arietta Smith15. Birthplace Somerset Co., Md.16. Informant Sarah E. HandyAddress Westover Md.17. burial Date thereof Nov 26 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cottage GroveLocation Westover Md18. Funeral director Norma J. WardAddress Marion Md.19. 11/24/48 R. S. Johnson, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22nd 1948 at 9:20 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20th 1948 to Nov. 22nd 1948and that I last saw her alive on Nov. 20th 1948

Immediate cause of death _____ DURATION _____

Cerebral haemorrhage Gyros

Due to _____

Due to _____

Other conditions Senile Degeneration 1 monthLower leg - leg

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edgar E. Mansoman M. D. or other _____Address Prin Anne, Md Date signed 11-22-48

RECEIVED

NOV 26, 1948

W. B. L. L. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William M. Wally

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

8. (b) Name of husband or wife Pawhatan

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1866

8. AGE: Years Months Days If less than one day
82 3 22 hrs. min.

9. Birthplace Somerset, Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Samuel S. Handy

13. Birthplace Somerset, Va.

14. Maiden name Virginia L. Handy

15. Birthplace Somerset, Va.

16. Informant Handy, W. Wally

Address Parkside, Va.

17. Burial Date thereof 11/30/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rehobeth Baptist

Location Rehobeth, Md.

18. Funeral director Wesley B. Livingston

Address 596 Main St., Leesville, Md.

19. 11/30 48
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1948 at 3:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1, 1947 to Nov 28, 1948

and that I last saw him alive on November 28, 1948

Immediate cause of death Arterio Sclerotic Heart

Due to Chronic Degenerative

Due to Chronic Hypertension

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George E. Coulburn, M.D.

M. D. or other _____

Address Marion Sta. Rd. Date signed Nov 29-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Manokin
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Manokin
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna Fallon

3. (b) Social Security Number

4. Sex Fe 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife James Fallon7. Birth date of deceased (mo., day, yr.) August 16, 1890 6. (c) If alive, give age _____ years8. AGE: Years 58 Months 3 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Oakville Somerset, Md.
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Lit King13. Birthplace Oakville, Md.14. Maiden name Hennie (Unknown)15. Birthplace Oakville, Md.16. Informant James FallonAddress Manokin, Md.17. Burial Date thereof Nov. 22, 1948
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory OakvilleLocation Oakville, Md.18. Funeral director Norma J. HardAddress Marion St., Md.19. 11/22/48 R. H. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19th 1948 at 10:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1948 to Nov. 19th 1948and that I last saw her alive on Sept 23 1948

Immediate cause of death

Tuberc Dorsalis

Due to

Due to

Other conditions roncous Colitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

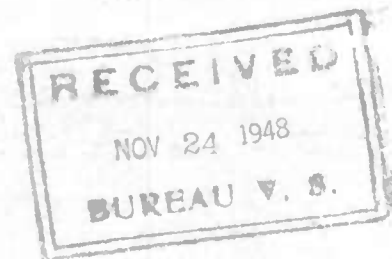
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edmon G. NewmanAddress Princess Anne Date signed 11.19.48

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Frenchtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Frenchtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

MINERVA W. FRENCH

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Samuel French
7. Birth date of deceased (mo., day, yr.) Sept. 7, 1876 6.(c) If alive, give age years
8. AGE: Years 72 Months 1 Days 26 if less than one day hrs. min.

9. Birthplace Frenchtown, Somerset, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name John Tyler
13. Birthplace Smith Island, Md.
14. Maiden name Sedonia Howeth
15. Birthplace Northumberland, County, VA.

16. Informant Mrs. Carroll French
Address Frenchtown, Md.
17. Burial Date thereof Nov. 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mechanics Cemetery
Location Fairmount, Md.
18. Funeral director H. Harvey Bradshaw
Address Chisfield, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 1948 at 9:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan Nov 14, 1942 to Oct 26, 1948
and that I last saw him alive on Oct 26, 1948
Immediate cause of death arterio-sclerosis
Heart Disease
DURATION 6 years
Due to
Due to
Other conditions Cystadenoma of thyroid
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Mathews D M. D. or other
Princess Anne
Address Date signed 11/5/48

19. 11/5 19 48
(Date rec'd by registrar) R. E. Johnson M.D. Registrar

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 33 Asbury Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

PERRY CLAY HOLLAND

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Alice Mason Holland

7. Birth date of deceased (mo., day, yr.) November 10, 1865 6.(c) If alive, give age 68 years

8. AGE: Years 82 Months 11 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Hopewell-Somerset-Maryland
(Town, county, and state)

10. Usual occupation General hauler & filling Sta.

11. Industry or business

12. Name John Holland

13. Birthplace Hopewell, Maryland

14. Maiden name Julia Frances Lankford

15. Birthplace Crisfield, Maryland

16. Informant Mrs. Alice Holland

Address 33 Asbury Avenue

17. Burial Date thereof Nov. 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunnyridge Cemetery

Location Hopewell, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Nov. 11 48 Jania E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1948 at 6:30 P.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov. 5 48 to Nov 8 48 and that I last saw him alive on Nov 8 48

Immediate cause of death General arterio-sclerosis - myocarditis
Hypertrophy Prostate Glands.

Due to Acute Cardiac Distention

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Natural Cause Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Lankford M.D.
Crisfield Md Nov 9-48
Address Date signed

MARGIN RESERVED FOR BINDING

S A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County SomersetCity or town Longwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex m5. Color or race w6. (a) Single, married, widowed, or divorced Single8. (b) Name of husband or wife none8. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) April 16, 19458. AGE: Years 3 Months 6 Days 19 If less than one day hrs. min.9. Birthplace Longwood, MD
(Town, county, and state)10. Usual occupation none11. Industry or business none12. Name John Macey Holmes13. Birthplace Pa14. Maiden name Betty Louise15. Birthplace MD16. Informant John Macey HolmesAddress Longwood, MD17. Burial Date thereof 11/6/48
(Burial, cremation, or removal. Which?) (month, day) (year)Cemetery or crematory Burial RidgeLocation Longwood, MD18. Funeral director Richard V. LawrenceAddress Longwood, MD19. Nov. 8 19 48 Janice E. Spies
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Longwood
(If outside city or town limits, write RURAL and give nearest town)Street No. Cushing Ave
(If rural, give LOCATION)2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 48 at 9:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 19 48 to Nov. 4 19 48and that I last saw him alive on Nov. 4 19 48Immediate cause of death arterial hemorrhage

DURATION

3 1/2 hrs.Due to congenital malformation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D.

M. D. or other

Address Croftfield, MD Date signed Nov 8, 48

RECEIVED
NOV 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

LEWIS HENRY MERRILL JOHNSON

3. (b) Social Security Number

214-18-4811

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 4, 1921 6.(c) If alive, give age _____ years

8. AGE: Years 27 Months 5 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Hopewell-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Seafound Laborer

11. Industry or business _____

12. Name Roland Johnson

13. Birthplace Hopewell, Maryland

14. Maiden name Irene Merrill

15. Birthplace Hopewell, Maryland

16. Informant McCready Hospital

Address Crisfield, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Nov. 25, 1948
(month) (day) (year)

Cemetery or crematorium Hopewell Colored Cemetery

Location Hopewell, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 11/25 19 48 Janice C. Spies
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1948 at 835P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
and that I last saw him at home _____ 19____

Immediate cause of death stab wound in left breast between 3rd & 4th ribs
Due to Internal Hemorrhage
Due to Shock

Other conditions William H. Coulbourn, M. D.
(Include pre-existence within 6 months of death)

Major findings of operations FOR SOMERSET COUNTY

Autopsy report same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide 11-20-48
Where did injury occur Crisfield, Som Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) stab wound in left
Means of Wm H Coulbourn M D

23. SIGNATURE Janice C. Spies M. D. or other
Date 11-25-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:
County..... Somerset
City or town..... RURAL, Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town..... RURAL, Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt. # 1
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

THOMAS LEE LANDING

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) July 9, 1948
8. AGE: Years Months Days If less than one day
3 1 hrs. min.

9. Birthplace Cokesbury-Somerset-Maryland
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name Robert Landing
13. Birthplace Somerset County, Maryland
MOTHER 14. Maiden name Georgia Handy
15. Birthplace Somerset County, Maryland

16. Informant James Handy
Address Pocomoke City, Md. #Rt.1

17. Burial Date thereof Nov. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Tindleys Chapel Cemetery
Location RURAL, Pocomoke City, Md.

18. Funeral director H. Harvey Bradshaw
Address Orisfield, Maryland

19. Nov 13 1948 Janice E. Spier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1948 7:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death until I saw.....
and that I last saw.....
Immediate cause of death Probable -
Diphtheria -
from History
No signs of
fame play

Other conditions.....
(Include pregnancy, if month of death)
Major findings of operations DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

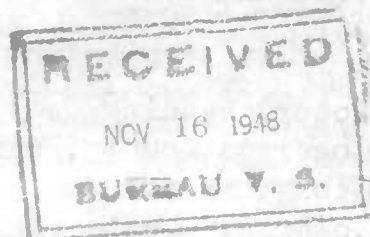
23. SIGNATURE W. H. Coulbourn
Orisfield Md Date 11-11-48
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEC LET. AWAIT. RALY. FLDR. 12-15-48 - America



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 93d 11876 262

1. PLACE OF DEATH:

County Somerset
 City or town Rural, Pocomoke Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Somerset
 City or town Rural Pocomoke Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Annie Merrill

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John A. Merrill
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 13 - 1862

8. AGE: Years 86 Months 5 Days 16 It less than one day _____ hrs. _____ min.

9. Birthplace Somerset, Somerset Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Francis Hickman

13. Birthplace Md.

14. Maiden name Indiana Evans

15. Birthplace Md.

16. Informant Mrs. Wallace Brington

Address Rural Pocomoke Md.

17. Burial Date thereof Dec 2, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Salmon M. E. Cemetery

Location Pocomoke Md.

18. Funeral director Sherry Shideman

Address Pocomoke Md.

19. Dec 2 19 48 Mosblayton Davis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 29, 1948, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29th 1948 to Nov 29th 1948 and that I last saw him alive on Nov 29th 1948

Immediate cause of death _____ DURATION _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

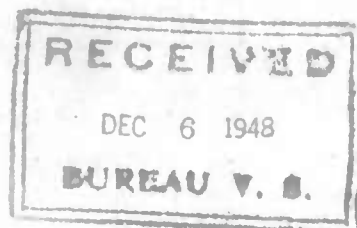
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. E. Actonius Md. M. D. or other _____

Address Pocomoke City Md. Date signed 11/30/48



RECEIVED

DEC 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:

County SomersetCity or town Shelltown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Shelltown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Elizabeth M. Smith

3. (b) Social Security Number

4. Sex

Female

5. Color of race

white

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Edward R. Smith7. Birth date of deceased (mo., day, yr.) August 8-1868

6. (c) If alive, give age years

8. AGE: Years 80 Months 3 Days 12 If less than one day hrs. min.9. Birthplace Shelltown Somerset Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James M. Milbourne13. Birthplace Md14. Maiden name Eliza Dashiell15. Birthplace Md16. Informant Mrs Louise M. SmithAddress Shelltown Md17. Burial Date thereof Nov 22-1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Presbyterian CemeteryLocation Rehoboth Md18. Funeral director Henry H. WatsonAddress Pocomoke Md

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1948 at 8: P M21. CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1947 to Nov 20 1948 and that I last saw him alive on Nov 19 1948.Immediate cause of death Acute Dec of HeartMyocardialDue to Chronic Dec reglularChronic reglular

Due to

Other conditions Chronic Dec reglularChronic reglular

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest E. Eason MDAddress Marion sta mdDate signed Nov 20 48

M. D. or other

Date signed

MARGIN RESERVED FOR BINDING

VS A15-9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. R 310
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Albert Augustus Sterling

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife Sarah E.

B. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Nov 25 18448. AGE: Years 103 Months 11 Days 9 If less than one day
..... hrs. min.9. Birthplace Crisfield MD
(Town, county, and state)10. Usual occupation Retired11. Industry or business Waterman12. Name Arnon Sterling13. Birthplace MD14. Maiden name Betty Nelson15. Birthplace MD16. Informant Pags SterlingAddress Crisfield17. Burial Date thereof 11/7/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AshburyLocation Crisfield18. Funeral director Wm. D. & LeamingtonAddress Crisfield, MD19. Nov. 8th 1948 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 48 at 110 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25 19 48 to Nov 4 19 48and that I last saw him alive on Nov 3 19 48Immediate cause of death Subarachnoid

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

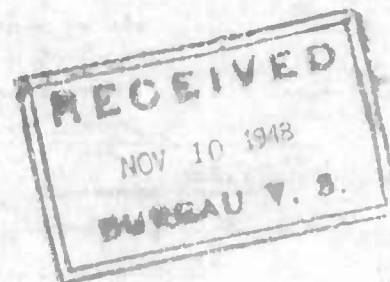
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Penton M. D. or otherAddress Crisfield MD Date signed Nov 8, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Crisfield R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma E. Sterling

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widow6. (b) Name of husband or wife George Sterling7. Birth date of deceased (mo., day, yr.) October 25, 1865

6. (c) If alive, give age _____ years

8. AGE: Years 83 Months 1 Days 4 hrs. _____ min. _____9. Birthplace Crisfield, Maryland
(Town, county, and state)10. Usual occupation House-wife

11. Industry or business

12. Name Elijah Nelson13. Birthplace Crisfield, Maryland14. Maiden name Nancy15. Birthplace Crisfield, Maryland16. Informant Flora V. SterlingAddress R.F.D. Crisfield17. Burial Date there Dec. 2, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory AshburyLocation Crisfield, Maryland18. Funeral director Hulebard & CochraneAddress 306 Main St. Crisfield, Md19. 12/2 48 James E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1948 at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 2 1948 to Nov 29, 1948and that I last saw him alive on Nov 29 1948Immediate cause of death fracture of left hip

DURATION

2.7 days

Due to _____

Due to _____

Other conditions arteriosclerosisdecubitus ulcers
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

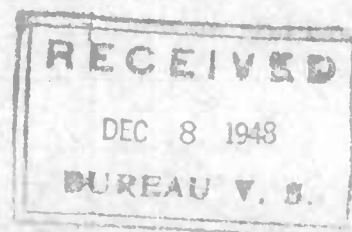
Accident, suicide, or homicide Accident Date of 11/24/48Where did injury occur? Crisfield Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall 11/20/48 as. Injured at work?23. SIGNATURE S. W. Peyton M. D. or otherAddress Crisfield, Md Date signed Dec. 1, 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Chesapeake Ave. Extended
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Chesapeake Ave. Extended
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

HAROLD E. STERLING, SR.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Cynthia Lankford

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1893 6.(c) If alive, give age 50 years

8. AGE: Years 55 Months 9 Days 16 If less than one day
.....hrs.min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Auto accessories

12. Name Riley M. Sterling

13. Birthplace Somerset County

14. Maiden name Lillian Mason

15. Birthplace Somerset County

16. Informant Harold Sterling, Jr.

Address Crisfield, Maryland

17. Burial Date thereof Nov. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield Cemetery

Location Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Nov. 22 19 48 Janice E. Spain
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 20 19 48 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48 to Nov 19 48
and that I last saw him alive on Nov 18 19 48

Immediate cause of death Carcinoma, squamous cell. of neck + face DURATION 15 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. G. Rawley M.D.
Crisfield Md M. D. or other

Address.....Date signed Nov. 22

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1948

BUREAU V. S.